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ABSTRACT

This document describes and evaluates the Evaluation and Placement Program initially funded in 1971 under Title I of the Elementary and Secondary Education Act of 1965. In the 1973-74 year a unit operated in each of the five N.Y. city boroughs. The present study surveyed the centers to determine the number of children processed, the speed of the service, the appropriateness of the recommendations and interrelationships of the units with other departments within the Division of Special Education and Pupil Personnel Services. The Evaluation and Placement Units examined 3520 children from September 1973 through June 1974. Among the findings are the following: In the 1973-1974 year the Evaluation and Placement Units recommended placements in 22 categories. Thirty-nine percent of their recommendations were for classes for the brain injured; this resulted in tremendous expansion in the number of these classes which are supervised by the Bureau for the Education of the Physically Handicapped. Accompanying expansion of some facilities, and the creation of new types, there was a diminution of services to homebound made possible by the increase in other facilities, as well as ramps and hydraulic lift buses. In addition, keen professional spirit was also observed in the facilities for pre-placement. Whether there is a tendency for children to remain in the replacement center beyond the period needed for diagnosis because of the inadequate number of permanent facilities to absorb particular children is questioned. (Author/AM)

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RESEARCH REPORT

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EVALUATION AND PLACEMENT UNITS

1973 - 1974 ACADEMIC YEAR

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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October, 1975

UD 017231

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INTRODUCTION

Special education attempts to individualize instruction for students whose disabilities prevent them from using their potential to the fullest. Some children, such as those with severe hearing loss and severe loss of vision as well as those with certain forms of physical handicap, require special equipment in the physical environment in which they are to learn, especially in the early stages of school experience. There are others who require highly specialized curriculum modifications. With these modifications it is more likely that they will want to strive towards the self-development which these programs make possible. These are the children whose problems express themselves in emotional handicap and those whose neurological impairment results in perceptual limitation, distortion and/or difficulty with the acquisition of language, the understanding of it and the motor expressiveness of it in the form of speech. Those whose primary problem is mental retardation are also in this group.

For some children it is relatively easy to discover their particular learning problem and make the proper recommendation for educational placement. In the case of other children their problems may be very apparent to even a casual observer but the discovery of the basis of these problems may require varying periods of observation during which the child participates in group settings, has the opportunity to relate to peers and authority figures and to demonstrate his own style of learning in response to teaching, whether the teaching be individual or group.

The need for assessment of individual capabilities of children was recognized in the funding of the first psycho-educational clinic in 1896 at the University of Pennsylvania. Dr. Witmer, who founded this clinic did so in order to give practical information to educators who could use it as a basis for making decisions which would affect programs for children.

Dr. Witmer's work preceded the standardization of the Binet-Simon Scales which were first validated in 1904 as a means of predicting the school success of French children. In the 1920s the New York City school system established a clinic for the purpose of determining the usefulness to children of placement in the "ungraded" classes. These classes were a far cry from the highly differentiated and specialized provisions available within this school system today for children with various handicaps. This early diagnostic work dealt predominantly with recommendations for placement in these classes and employed visiting teachers to follow up the success of the children in utilizing these placements. The clinic team of psychologist, the visiting teacher who had had social work training and medical inspector served the entire "ungraded" population which was limited in number in the school system of those days. In the early 1930s the Bureau of Child Guidance came into being to serve the needs of those children who required help in adjusting to the school curriculum because of emotional problems. This new Bureau staffed by psychologists, psychiatrists and psychiatric social workers, dealt with the children who were in the regular grades. Because the staff was very few in number, intake was limited and if a child who had retarded mental development was brought to their attention, they referred the child to what had now become the Bureau for Children with Retarded Mental Development. This Bureau which encompassed the earlier placement service had replaced the "ungraded" classes with classes for those who were legally determined, by psychological examination, to be eligible for state reimbursable education of those with retarded mental development. Not long after, the placement service was moved out to amalgamate in the early 1940s with the Bureau of Child Guidance; one unit remained in the same locale on the east side of Manhattan with the offices of the Bureau for Children with Retarded Mental Development. This unit was formally under the auspices of

the Bureau of Child Guidance and acted as a reevaluation agent for those children who were not adjusting in classes for the retarded. The function of discovering the retarded non-attending or school attending child was now carried on by the staff of the Bureau of Child Guidance and because the psychological examination was the basis of establishing eligibility for placement, the task was primarily that of the psychologist.

In the quarter century more or less which has intervened since this pattern of operation began, the responsibilities of the Bureau of Child Guidance have increased and changed due to many factors involving trends in mental hygiene, funding practices, population expansion, societal problems and evolving redefinitions of what constitutes mental hygiene practices. Concurrent with this there has been a proliferation of resources for the education of those with disabilities. Some of these resources developed their own screening devices. In the case of the sensory handicapped it was easy for example to determine if a child had a severe enough loss of vision or of hearing to interfere with his learning and require a special environment and/or the services of specialists in education. Children who arrived at schools in wheelchairs obviously needed ramps so that they could enter their classrooms; in these cases the kind of special education required was easily identifiable. Other children, either with multiple disabilities, or with disabilities which did not express themselves in such a way that it was immediately obvious what sort of environment or curriculum specialization or teaching skill was required often experienced the problems of being sent from pillar to post in order to determine the right educational facility. If a child was suspected by his family or a professional who had seen him of having one sort of handicap, he might be referred to that facility, wait six months or a year for examination, only to be rejected if he were not found to be eligible or be misplaced because he seemed marginally

eligible. If referred to another type of educational facility instead he would have to repeat the same waiting and screening process to determine eligibility.

There had been a continuation of this "catch-as-catch-can" placement system apparently because no one was in a position to both realize the advantages of and implement a comprehensive screening unit where the child would be seen without a protracted waiting period and referred to the appropriate special class placement. The staff of such a unit could choose from among the complete range of special classes available. Part of the impetus for a classification service arose because parents who were members of the New York Association for Brain Injured Children became dissatisfied with the cumbersomeness of a diagnostic process for which there was a waiting list and thus was a bottleneck to replacement of their children with the result of many vacancies in the classes which had been established for the brain injured. To avoid the delays, the Evaluation and Placement Units were started. A sensitive differential diagnosis is required to determine if a child's needs would be primarily served in a class for the brain injured or in a class for children with hearing and language impairment. At first, referrals were made primarily to classes for the brain injured, the physically handicapped, the speech, hearing and language impaired, other learning disabilities and the emotionally disturbed. In cases where other facilities would be beneficial for the child, recommendations were made for them. These included vocational education, the schools for the emotionally disturbed, home instruction, residential treatment and the private schools for which parents are given state aid. The function of recommending children to classes for the retarded remained primarily the responsibility of the Bureau of Child Guidance and later because of a State law, the responsibility for certified eligibility for a class for the emotionally handicapped, also went primarily to the Bureau of Child Guidance. A new set of problems now arose: how was the person making the referral, particularly if

it were a school guidance counselor, to know whether to refer an individual child to the Evaluation and Placement Units or to the Bureau of Child Guidance? This placed the diagnostic burden upon the person making the referral, for which he or she was not necessarily trained.

The present trend is to give all responsibility for evaluation in terms of optimum educational placement for an individual child whose needs cannot be met at the given time of referral within the mainstream of education to a facility within the Division of Special Education. In a sense, although the clinical staff of this facility is trained in the specific area of pupil personnel services, the service they are rendering is one of recommending educational placement. There is a further concurrent trend towards the integration of children with different kinds of handicaps within the same facility; a parallelism to this is the provision of individually designed support which enables a child with a disability to participate in varying degrees and for varying lengths of time in the mainstream of education.

As early as 1949, the Superintendent in charge of all special education requested an evaluation by research personnel of the existing program for children with physical limitations; there was a wish to employ modern research techniques so as to develop information which could be utilized in the formulation of administrative policies and procedures. Studies were

undertaken at that time of children with cardiac limitations, orthopedic limitations, visual handicaps and of children with hearing loss.[1]

The study of children with hearing loss involved an evaluation of the integration of acoustically handicapped and normally hearing children in regular public school classes. It was recommended that this integration be continued utilizing a resource teacher who was specialized in education of the deaf and placing no more than two of the acoustically handicapped in any given class of normally hearing children. At the time this recommendation was made (1956) a similar work had passed the experimental stage in England[2] under the auspices of the University of London.

New York City is currently experimenting with the integration of children with many handicaps at IS-237 Queens. The preplacement classes which have been under the auspices of the Evaluation and Placement Units, provide an opportunity for the observation of children with any learning disability, whether it be on a functional or organic basis, to be observed in relation to their ability to use an educational setting. The children who have this opportunity, may be those who have previously never attended school, been in regular grades, been misfit in a special education placement or who require reevaluation because they have outgrown the special education

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1 a. J. W. Wrightstone, J. Justman, and S. Moskowitz: The Child with Cardiac Limitations. Publication No. 32, Bureau of Educational Research, Board of Education of the City of New York, June 1953.

b. J. W. Wrightstone, J. Justman, and S. Moskowitz: The Child with Orthopedic Limitations. Publication No. 33, Bureau of Educational Research, Board of Education of the City of New York, June 1954

c. J. S. Livingston, J. Justman, and H. B. Gilbert: Sixth Grade Children with Visual Handicaps Enrolled in Sight Conservation Classes. Publication No. 34, Bureau of Educational Research, Board of Education of the City of New York, April 1955.

d. J. Justman, S. Moskowitz, M. L. Nass, L. Alpert: The Integration of Deaf Children in a Hearing Class. Publication No. 36, Bureau of Educational Research, Board of Education of the City of New York, March 1956

2 Whetnall, Edith and Fry, D.B. The Deaf Child. Springfield, Ill.: Charles C. Thomas, 1964.

facility where they have been. Coincidental with this later use of preplacement facilities, is the trend towards the use of special education, as a rehabilitative procedure, rather than as a necessary long-term prescription.

The most appropriate purpose for the present study is to evaluate the contribution the E & P units have been making in recommending children who have special education needs for placement. Consideration must also be given to the fact that these units work within a special education division, which is an ever evolving one, in its responsiveness to changing pupil needs.

DESCRIPTION OF THE PROGRAM

The Evaluation and Placement Units were originally established under the auspices of the Office of Special Education and Pupil Personnel Services to process referrals and place children suspected or identified as brain injured, aphasic, language impaired or having other severe handicaps. This new approach to screening, according to a memorandum which announced it, was designed to prevent overlap of services and duplication resulting from a child being referred to more than one program. The approach was to be that of child advocacy in the hope that a significant contribution would be made to more effective education of handicapped children.

School personnel making referrals were advised to provide social history, psychological, neurological and/or psychiatric workups on the child at the time of referral. Referrals could be processed through the local Bureau of Child Guidance teams or made directly to the Evaluation and Placement Units. Routine referrals for CRMD classes, orthopedic units and the School for the Deaf were still to be made through the usual bureau or office.

The personnel of the Evaluation and Placement Units were to be knowledgeable about all possible special class placements and thus able to analyze which of the great variety of special programs would be most likely to serve the individual child under study by them.

It was also hoped at the time the program was established that the the unit would include a greater variety of diagnostic resources and thus be able to pinpoint disabilities in more than one area of function. In addition there was hope that a central registry of all handicapped youngsters would be developed so that no youngster would "get lost" and remain unplaced while a vacancy went unfilled. As a corollary of this, it was hoped that there would be an accurate assessment as to needs for the establishment of new classes to serve the

handicapped. Initially, from 1971 through June, 1973 this program was funded under Title I of the Elementary and Secondary Education Act of 1965. Fiscal 1974 (the year of this evaluation) marks the first time the program was financed by tax levy funds.

In the year under consideration a unit operated in each of the five New York City boroughs; the direction for these units came from the central office in downtown Brooklyn, where there was a clinical director, an administrative director and secretarial support service. In the spring of 1974 a second unit opened in each borough for the convenience of the children and their parents in traveling, as well as for the purpose of shortening waiting lists for service.

Each of the units accepted referrals from various agencies, such as the Bureau of Child Guidance, hospitals, parochial and private schools, State agencies and individual guidance counselors.

In the year which ended on June 30, 1974, the clinical director of the entire program also acted as a supervising psychologist and the administrative director doubled as a supervising social worker. Although they assumed the responsibilities implied in the directorship of a very large program, they were compensated only as supervisors.

The entire program aside from these Directors utilized 24 clinical positions. There was an Acting Supervisor of School Psychologists, 10 School Psychologists, 10 School Social Workers and 3 full time positions for School Psychiatrists which were divided over the whole program. Consultants in Neurology were loaned by another city agency.

Each of the centers used a Coordinator. One of these Coordinators was licensed as a Supervisor of Speech, the license of another was not reported and the remaining 3 were Acting Supervisors of Speech Improvement, Health Conservation and School Psychology respectively. The centers also

used a total of 5 Guidance Counselors, 34 Teachers and 5 School Secretaries. This professional staff of 75 persons was augmented by 21 paraprofessionals and 11 typists assigned to the 5 centers. The exact number of additional positions at the Central Evaluation and Placement office has not been reported.

Staff utilization by category is shown in Table I for each borough.

The general operating procedure which prevails in the Centers is that after a referral is received the parents are asked to bring the child to the unit for an initial screening appointment. For this and subsequent visits the parents are reimbursed for transportation if it cannot otherwise be provided. The screening process itself takes 2 - 3 days and includes educational evaluation of the child in individual and group settings. To determine the workups necessitated in order to provide a comprehensive picture of educational, social,psychological, psychiatric and neurological and pediatric information, the coordinator reviews the child's records so that appropriate appointments will be scheduled during the screening process. The recommendation for placement is arrived at during the case conference which is held after all the workups are completed. If the child's handicap is multifaceted so that there is no clear indication as to which existing program will best meet his needs, one of the preplacement classes which is under the auspices of the Evaluation and Placement Unit is used until there is a clear picture of the child's needs and/or until the preplacement experience itself can reduce the handicapping symptomology.

Table 1

UTILIZATION OF STAFF IN FIVE PRIMARY E & P UNITS

	Coordinator	Medical Consultant[a]	School Psychologist	School Social Worker	Guidance Counselor	Teacher	School Secretary	Para-Professional	Typist	Total
Manhattan	1 (Acting Supervisor of Speech)	1 School Psychiatrist 1 Neurologist[b]	2	1	1	7[d]	1	3	3	19 + 2 medical consultants
Bronx	1 (Acting Supervisor Health Conservation)	1 School Psychiatrist 1 Neurologist[b]	2	1	1	5[e]	1	5	2	18 + 2 medical consultants
Brooklyn	1 (Acting Supervisor of Psychologists)		2	2	1	8	1	5	1	21
Queens	1 (license not given)	1 Psychiatrist 1 Neurologist[b]	2	2	1	9,[ef]	1	4	3	23 + 2 medical consultants
Richmond	1 (supervisor of speech improvement)	1 Neurologist[b]	3[c]	1	1	5[g]	1	4	2	17 + 1 medical consultant
Total:	5		10	7	5	34 (26 regular) (7 speech) (1 attendance)	5	21	11	

a. Medical Consultants are part-time.
b. The Neurologists are borrowed from another city agency.
c. Two School Psychologists are part-time. There are 2 full positions.
d. 1 Teacher is used as Asst. Coordinator 2 are speech teachers.
e. 2 are speech teachers
f. 1 is an attendance teacher.
g. 1 is a speech teacher

PROCEDURES OF EVALUATION

The general design of the present evaluation is that of a survey.

The original design which was to have evaluated program objectives in great detail, was modified and curtailed.

The evaluation activities were as follows:

1. Collection of data from each of the original borough centers for the operational year from September 10, 1973 through June 30, 1974, which consisted of:
   a. The name and date of birth of each child seen in that period
   b. The source of referral for each child including the name and address of the person who made the referral
   c. The placement recommended for the child and where possible the specific setting at which the placement was implemented, that is, the class and school
   d. The name and address of the parent or adult responsible for each child seen
   e. A list of all children in preplacement observation settings during the 1973-1974 period
   f. An indication as to which children are being seen for reevaluation
   g. A sample report which accompanies a recommendation
   h. A sample of correspondence with administrators of agencies who make the referrals
2. An examination of the official monthly statistical summary reports which are given to the Executive Director of the Division of Special Education and Pupil Personnel Services was made for the purpose of comparing the numbers of children referred, examined and placed by each unit with the numbers given the evaluator by the unit directly for 1973-74.

3. An analysis of the data obtained from each center on the children examined, as follows:
   - the number of cases completed
   - a categorization of placements recommended with the frequency of each category
   - a categorization of source of referral with a frequency for each source
4. The conduct of telephone interviews with the parents of children in each borough who were sampled by use of a table of random numbers
5. Conferences were held with those whose functions are interdependent with the major functions of the Evaluation and Placement Units, such as:
   - Executive Director of the Division of Special Education and Pupil Personnel Services
   - Executive Assistant to Executive Director of the Division of Special Education and Pupil Personnel Services
   - Director of the Bureau of Child Guidance
   - Director of the Bureau for Children with Retarded Mental Development
   - Director of the Bureau of Educational and Vocational Guidance
   - Assistant Director of the Bureau for the Education of the Physically Handicapped
   - Assistant Director of the Bureau for the Socially Maladjusted and Emotionally Disturbed*
   - Principal of School for Language and Hearing Impaired Children
6. Visits to four of the five original Evaluation and Placement Units for the purposes of observation and interviews with staff members to understand the nature of the process by which pupils were evaluated and the general operational activities of each unit.

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*The spokesman for the Director of the Bureau for the Socially Maladjusted and Emotionally Disturbed reported by mail.

7. A visit was made to a preplacement facility so as to understand the nature and operation of that resource.

8. Visits were made to classes selected by departmental supervisors where children from the small sample mentioned in 3 above had actually been placed. These visits were for the purpose of observing their adjustment and to interview school staff who were involved with the pupils so placed. The purpose of these interviews was to discover the operational relationships with the Evaluation and Placement Units as well as the appropriateness of the placement for the child as seen by those who are working directly with him.

9. A study was made of selected Bureau of Attendance records for an extremely small sample of children.

FINDINGS

The analysis of data included counting the number of children evaluated whose names were given to the evaluator by each of the original borough center coordinators; the second borough units which started in the late spring of 1974 were not included in this count. The figures which resulted from this count were compared with the official figures given in the monthly statistical summary reports to the Executive Director of the Division of Special Education and Pupil Personnel Services. There was a discrepancy of a little over 500 names. Analysis of the data submitted in the official monthly statistical summary report reveals that 3520 children were seen in the period from September 1973 through June 1974. There are several possible explanations for what amounts to a discrepancy of around 100 names from each Center. In some cases Centers may have reported activity done in the summer of 1973 on their official September summaries but would not necessarily report them to the evaluator as September cases. Another factor is that the names submitted to the evaluator represented those children for whom recommendations were made and it is highly possible that the official list includes names of children who have been studied but for whom the specific recommendation for placement had not been made at this time. For the period from September 1973 through June 1974 inclusive, the primary borough centers reported the following numbers of cases:

Manhattan	655
Bronx	788
Brooklyn	703
Queens	728
Richmond	641

The month with the heaviest activity was June: 496 cases were reported from all five primary borough centers in that month. May ranked a close second with 466. The September summaries report a total of 179 cases and the range for the months from October through April is 297 to 380 each month.

A question arose as to possible duplication of services by the Bureau of Child Guidance and the Evaluation and Placement Units.

In order to determine this, duplicates of the names furnished the evaluator by each of the E & P units were given to the Bureau of Child Guidance. They report that they entered a table of random numbers to select their sample of 464 children which represents about 1/5 (19%) of the names given them. A check of their records showed that 292, or 51% of the children in their sample were known to them.

Referral Sources of the Children Seen

The largest source of all referrals to the Evaluation and Placement Units in the period from September 1973 through June 1974 was hospitals and agencies who referred 1248 children. The Bureau of Child Guidance itself referred 860 children, some of whom may have accounted for apparent duplication of services by the Bureau of Child Guidance and the Evaluation and Placement Units. Seven hundred forty eight were referred from public schools; in most cases the public school referrals came from guidance counselors. The State Aid Office of the Division for Special Education and Pupil Personnel Services referred 252 children. Parochial schools referred 252 children and 23 were referred by private schools.

Reevaluations accounted for 789 cases among the five boroughs. If a child is reevaluated at an E & P Center, it means that he had been seen there before and now needs to be seen again for further or alternative recommendations. The Bureau for the Education of the Physically Handicapped referred 425 children for reevaluation. The CRMD Bureau referred 13 and the School for the Hearing and Language Impaired referred 11. Three hundred forty children were referred by all other sources put together for reevaluation.

The percent of referrals by source of referral are shown in Table II. These are as reported in the official monthly statistical summaries given by the Director of the Evaluation and Placement Units to the office of the Executive Director of the Division of Special Education and Pupil Personnel Services.

Table II

PERCENT OF REFERRALS TO EVALUATION AND PLACEMENT UNITS FROM SEPTEMBER, 1973 THROUGH JUNE, 1974 BY SOURCES OF REFERRAL*

Sources of Referral	% of Total Referrals
Hospitals and Agencies	29.9
Bureau of Guidance	20.6
Public Schools	17.9
State Aid Office, Division of Pupil Personnel Services, Board of Education of the City of New York	6.1
Parochial Schools	6.1
Private Schools	0.6
Bureau for Education of the Physically Handicapped, Board of Education of the City of New York (for Re-evaluation)	10.2
Bureau for Children with Retarded Mental Development, Board of Education of the City of New York (for Re-evaluation)	0.3
School for the Hearing and Language Impaired, Board of Education, City of New York (for Re-evaluation)	0.1
All Other Sources (for Re-evaluation)	8.2
	100.0

*Taken from the official monthly statistical summary

Recommendations Made by Evaluation and Placement Units

By far the largest number of recommendations (1,477) are made for classes for the brain injured, which are known as "HC-30" Classes.

The number of classes for the brain injured expanded from 222 in 1971 to 382 in 1973/74, the year under consideration in this report. By 1974/75 the number of classes had increased to 504 and as of the spring of 1975 the projected number for fiscal 1976 was 733 classes. This increase is represented in Table III.

Table III
NUMBER OF "H.C. 30" CLASSES FOR EACH YEAR
FROM 1971-72 THROUGH 1975-76

Year	#of Classes	#of Team Teachers	#of Positions
1971-72	222	72	294
1972-73	282	92	374
1973-74	382	120	502
1974-75	504	152	656
1975-76*	733	367	1100

*This represents a figure projected in March, 1975.

Recommendations that state aid be given to enable the parent to send the child to an appropriate private school where no class could be provided within the facilities offered by the Board of Education numbered 361 and ranked second among all the recommendations made. The percent of recommendations made by all Evaluation and Placement units from September, 1973 through June, 1974 have been given in rank order by category of recommendations in Table IV. The data from which this table was constructed were taken from the official monthly statistical summary given by the Director of the Evaluation and Placement units to the Executive Director of the Division of Special Education and Pupil Personnel Services.

Table IV

PERCENT OF RECOMMENDATIONS MADE BY ALL EVALUATION AND PLACEMENT UNITS FROM SEPTEMBER, 1973 THROUGH JUNE, 1974 by CATEGORY OF RECOMMENDATIONS*

Category of Placement Recommended	%	Rank
H.C. 30	39.0	1
State Aid (4407)	9.5	2
Regular Class	8.0	3
Preplacement Classes	6.9	4
Other Service	6.1	5
Emotionally Handicapped Classes	5.9	6
SLHIC	4.4	7
Multi-Modality	4.2	8
CRMD[1]	3.8	9
H.C. 30 - JHS	3.0	10
BI-EH	2.1	11
Career Development	1.8	12
Moderate Language Impaired	1.7	13
H.C. 30 - HS	0.7	15
Special Day School	0.7	15
Teacher-Mom	0.7	15
Itinerant Service	0.4	17.5
State Hospital Day Program	0.4	17.5
H.C. (General)	0.3	19
Doubly Handicapped	0.1	20.5
Home Instruction	0.1	20.5
Center for the Multiply Handicapped[2]	-----	22
	100.00	

1. Within the CRMD percentage 1 child was recommended for an occupational training CRMD component and 1 for an emotionally handicapped CRMD facility.

2. The number of children referred was less than one per cent.

*Taken from the official monthly statistical summary.

Not all the recommendations made by the Evaluation and Placement Units were implemented. In all five boroughs waiting lists for elementary level facilities for the brain injured (HC-30 Classes) were extremely long; in no borough was the waiting list less than ten and in many cases it was longer.

In Manhattan the waiting list for facilities for those with minimal language impairment was also long.

Waiting lists and facilities for children with retarded mental development (CRMD) numbered 10 or more in Bronx, Brooklyn and Queens. There were waiting lists for preplacement facilities in both the Bronx and Brooklyn and for facilities for the emotionally handicapped in those boroughs as well as in Richmond. Brooklyn and Queens both had waiting lists of ten or more for the School for the Language and Hearing Impaired Child. Brooklyn and Richmond had long waiting lists for multi-modality classes. Queens had waiting lists of ten or more for children returning to the regular grades, for children who required facilities for the neurologically impaired, emotionally handicapped, for children awaiting classes in career development and for junior high classes for the brain injured. Queens also had waiting lists for children to enter or reenter the regular grades and had recommended state financial aid for private schools for 13 children who still had not been placed.

The existence of waiting lists highlights the role of the Evaluation and Placement Units in identifying unmet needs in special education.

There were at least 22 kinds of recommendations made; the recommendations made for "other service" numbered 233 and ranked fifth. Within this category there were a variety of placements which were recommended. It is of interest to note that the recommendations for home instruction represented only 1% of all recommendations made by the units in that year. This reflects the diminution of the home instruction services. The increased facilities afforded the handicapped, such as ramps and hydraulic lift buses, the provision of state aid to enable private instruction and the increase in the classes for the emotionally handicapped have made home instruction less necessary.

The Sample Studied by Means of Parent Interviews

A total of 28 children were sampled at random from the names given the evaluator by each of the original borough centers for the operational year September 10, 1973 through June 30, 1974.

A comparison was made of certain characteristics of this sample with characteristics derived from the total population as reported in the official monthly statistical summary reports given to the Executive Director of the Division of Special Education and Pupil Personnel Services by the Director of the Evaluation and Placement units.

A comparison was made between the total population as stated and the sample on sources of referral. Thirty five percent of the sample were referred by hopsitals and agencies as opposed to 30% of the total. Fourteen percent of the sample were referred by the Bureau of Child Guidance, as opposed to 21% of the total. Thirty five percent were referred by public schools as opposed to 18% of the sample. Three and 6/10 percent were referred by parochial schools as opposed to 6.1% of the total. There were no referrals from private schools in the sample although referrals from those sources accounted for .6% of the total. There were 3,or 11% of the sample,who were self-referred but none was reported as self-referred within the summaries given by the Director of the Program for

the total population. It is possible that this referral source was omitted in these official summaries because of a difference in reporting. The parent in talking to the evaluator may have thought that he was self-automated when in fact he may have telescoped his going to the Evaluation and Placement Center for help with a prior visit to a hospital, clinic or agency, including an agency such as the Bureau of Child Guidance. Thus the official statistics would have reported that he came through one of these other resources. In addition it is possible t at the parent sought admission at the local school and was advised there to s ek the services of the Evaluation and Placement units.

Referrals for reevaluation accounted for 17.9% of the children in the sample and 18.2% of the children in the original population.

The random sample of 28 children consisted of 18 boys and 10 girls. Not only was there a difference in the frequency of the two sexes but there was a significant difference between the mean ages of the two: the mean age of the boys at the time they were seen at the Evaluation and Placement units was 10 years and 0 months, while the mean age of the girls at the time they were seen at the Evaluation and Placement units was 7 years, 3 months. The difference was significant at the .05 level. Thus we see that the boys tend to be referred as a group when they are older and perhaps have acted out a little in school or their learning problems have been severe. The median age of referral for the girls was only 7. The oldest girl referred was 11. The next in age was 10 and there was one 9 year old. Four of them were 6 or younger. Thus, initial placement seemed to be the reason most of the girls in the sample were referred.

Parent Response

The response to follow-up letters sent the parents directly was very good. Three quarters (21 out of 28) reported. Of these 21, 12 commented favorably on the nature of the service rendered them by the Evaluation and Placement units.

Parent's Stated Rating of "E and P" Service

Three of them had mixed feelings about the service, one simply disregarded

the recommendation and only four were unfavorable in their comments. Of these 4, 3 of the children had been referred for reevaluation. Not only that but an analysis of what they said to the evaluator suggested a need for case work follow-up as well. One parent was neither favorable nor unfavorable in comment but appeared extremely confused in conversation and the nature of the problems she presented suggests the need for intensive follow-up case work service. One of those parents who was quite favorable in her comments on the service given her child at the Evaluation and Placement unit also appeared to have a need for follow-up case work services.

An attempt was made to check with the schools where 7 children were placed whose parents did not reply to our letters. The attempt was successful in 3 instances and all 3 schools reported that the placement of the child was appropriate.

The initial letter sent to the parent will be found in Appendix 2.

The Reasons for Referral Found in the Sampled Population

The 21 parents who responded gave among them 10 reasons which in their opinion formed the basis for the initial referral of their child to the Evaluation and Placement units. Their stated reasons varied all the way from a simple statement given by 6 of them that the child had not been learning at the time of referral to the sophisticated statements such as "dyslexia" given by one parent and "my child had speech and motor problems and a short attention span" given by another. For 8 children the reason for referral was to find a school placement and in 2 of the instances where the parents did not reply at all this reason for referral was determined from the records kept by Evaluation and Placement, as well as from follow-up calls to the schools where the children were placed. Three children were referred because of language handicap and in the one such instance where the parent did not reply this was confirmed through follow-up with the School for the Hearing and Language Impaired. Two children were referred simply for "behavior" and in one instance where the parent did not reply this was determined from the records kept by the Evaluation and Placement unit. The following reasons for referral were each given by one parent:

Brain damage
Learning and behavior problem
Emotional problem

One child with Spanish speaking parents who were extremely cooperative in having an interpreter telephone the evaluator was referred to a second Evaluation and Placement unit by the first because the family had moved.

In two more instances in which the parent did not reply the reason for referral was determined from the records kept by the Evaluation and Placement unit where the child was seen; one referral was for "speech evaluation" and t e other was because of "poor school adjustment."

There was one child for whom no referral reason was given whose parent did not reply. Follow-up on this child revealed that he had been placed in a class for the brain injured and personnel in the school which he attended told the evaluator that the placement was appropriate.

School Placement Prior to Referral

The school placement of the children seen by the Evaluation and Placement Units prior to their referral is a matter of record and in those instances where the parent could not be reached by the evaluator, this information was taken from the records. Eighteen of the sampled children were in public schools at the time of referral, six were not attending any school, two were in non-public schools sponsored by a religious group and two others were in non-public schools under other sponsorship. The original placement of the child will be shown in Table V.

Table V
PLACEMENT OF CHILD PRIOR TO REFERRAL TO AN EVALUATION AND PLACEMENT UNIT

Placement	Number of Children
Public School	18
Non-attending	6
Non-public religious sponsorship	2
Non-public other sponsorship	2
Total	28

Length of Waiting Period from Time of Referral to Evaluation

Of the 21 parents who replied, 4 characterized the waiting time between referral and the date on which they were seen at an Evaluation and Placement unit as "short." Only 4 made remarks which indicated that in their opinion there was a considerable waiting time. These remarks were with a frequency of one each as follows:

"some time"
"several months"
"a few months"
"more than 12 months"

The remaining 13 parents gave the amount of time that they waited in months. Six said that they waited anywhere from 0 to 3 months; the records of the Evaluation and Placement Units revealed that two who did not respond to the evaluator also waited this length of time.

Three reported a wait of 4 to 6 months and for 2 who did not reply, this length of time was established from the records of the Evaluation and Placement Units. Three reported that they waited anywhere from 7 to 12 months and the same waiting time was established from the records of the Evaluation and Placement Units for an additional parent who did not reply.

One parent never brought the child for evaluation. Two did not reply to the evaluator's query and the length of time from referral to the time the child was seen could not be determined from the records.

Thus it can be seen that at least 1/3 of the sampled population was seen in what appeared to be a relatively short time when one considers typical waiting lists at various clinics. The median waiting time appeared to be 4 - 6 months and 60% of the sampled population was seen within 6 months of the time of referral.

Length of Waiting Period from Evaluation to Placement

Seven of the responding parents made remarks such as "short," "almost none," or "some." Six parents stated that their child was placed before three months had elapsed and two more stated that their child was placed 4 - 6 months after

the child was examined. Thus more than half the sampled population found placement in a new educational setting before six months had elapsed from the time they were seen at an Evaluation and Placement Unit. Two more reported that they were placed when school opened in September after having been examined the previous academic year.

Two parents reported that they waited over a year because there was not a class of the type recommended; this was a special class for the hearing and speech impaired child in both instances. In another instance a parent refused the initial recommendation and was seen for reevaluation, at which time an alternate recommendation was accepted by the parent. In another instance the parent never accepted referral. In still another where state aid was recommended, the parent took the initiative in finding an appropriate private school placement. One child was institutionalized before he was placed. For 3 children no changes were recommended; 2 of these were to remain in the regular class which they attended and one was to remain in a class for children with retarded mental development. In 2 instances there was no response from the parent and no record which would indicate the length of time between the recommendation and placement.

Placements Recommended for the Sampled Group

As in the population from which the sample was drawn, the largest number of recommendations were made for the HC-30 classes which are designed for brain injured children. Nine children were thus referred and 7 of them were so placed. One of the 9 went to a private school and the other was placed differently.

Four of the sample were recommended for the School for the Hearing and Language Impaired and placed there.

For three it was recommended that they remain in a regular class; this recommendation was followed but reevaluation was subsequently requested for one of these children.

Preplacement classes were recommended for 3; one was so placed, one was institutionalized and in one instance the recommendation was not accepted and the child was referred for reevaluation. Each of the recommendations listed below had a frequency of one each and the child was placed in all of these instances as recommended.

Occupational Training Class for the Brain Injured
Class for the Neurologically Impaired Emotionally Handicapped
Class for Children with Hearing and Speech Impairment
Class for Children with Retarded Mental Development
Class for the Emotionally Handicapped
Class for the Moderately Language Impaired
Class with Multi-modality Approach
Regular Class with an Itinerant Teacher as Supportive Service

The recommendation to remain in a class for children with retarded mental development was made for one child in the sample and it was not possible to determine if this was implemented.

The recommendations made by the Evaluation and Placement Units ranged widely among the variety of offerings and in most cases were implemented.

A tabulation of the interview responses from the parents of the randomly selected children who were seen at the Evaluation and Placement Units from September 1973 through June 1974 will be found in Appendix 1.

Interviews and Field Visits

The information presented below represents a composite of that gleaned from the many persons interviewed whose work intertwines with the work of the Evaluation and Placement Units. Everyone interviewed agrees that the Evaluation and Placement Centers have provided a very valuable service to date in alleviating the distress faced by parents and children who would otherwise face a long wait for the evaluation needed as a basis for the recommendation needed for special class placement. It might be noted that agencies equipped to diagnose learning difficulty in children always appear to be short staffed in terms of the number of children who need their help.

There has been a special recognition of the contribution that the Evaluation and Placement Units have made to the education of the brain-injured child. It is very difficult and requires an unusual degree of diagnostic skill to

differentiate among those whose primary need can best be served in a class for the brain injured, the language impaired or the mentally retarded. The thoroughness of the workup done by the Evaluation and Placement Units was noted by almost everyone interviewed. It was also noted that the placement process has become quicker for the brain injured than it was before the establishment of the Evaluation and Placement Units.

The recommendations for these classes which are made by the Evaluation and Placement Units are sent to the Office of the Education of the Physically Handicapped. There, supervisors, in consultation with the local coordinators, who know the individual classroom, decide on the specific class recommendation for the child. Sometimes because of pressures from parents to fill all vacancies, a child may end up in an unsuitable class and remain there until he is re-evaluated or until a more suitable class is found. Suitability of the class is sometimes determined by the range in age, and degree of handicap of the other students in the class, as well as the impact of the personalities of the other children upon each other and upon the entering student.

Field visits by the evaluator revealed a problem experienced by many in that the educational prescription written by the Evaluation and Placement team was sometimes not available to the individual classroom teacher or not clearly understood by her because of a great deal of technicality in the language. One of the suggestions made was that the excellent curriculum bulletin No. 12 1966-67 series which is entitled "Teaching Brain Injured Children" be utilized more fully as it has a section of approximately 25 pages devoted to basic curriculum subjects. In view of the fact that the classes have expanded so rapidly, thus employing many teachers who heretofore might not have had direct experience with the brain injured child, a suggestion was made that there be an intensive teacher training program in this basic curriculum so as to lessen the amount of educational prescription needed in each individual case.

The training should be designed to help classroom teachers translate and

apply recommendations for specific visual, auditory, speech or other motor development. A suggestion was made that this could be implemented by the use of itinerant specialist teachers who are assigned in one or two schools for as long as a term in order to assist other teachers; when they leave for another school a corps of trained teachers remains who can implement educational prescriptions.

Another suggestion that was made was the use of guidance counselors who are assigned to the E & P units as ambassadors - interpreters to the child's new classroom. This outreach program would take them on school visits where they would help the teacher understand the child who was to be placed and help her implement the prescription.

Field visits revealed another major problem in that parents do not always understand the nature of various kinds of handicaps, nor the provisions made by the Board of Education for educating all of the children. Further, individual parental feelings interfere in the ability of the parent to accept recommendations for special education. Some parents want to use the Evaluation and Placement Unit facilities in order to get a recommendation for a private school with its accompanying State funding. Another problem is that the line of differentiation between the brain injured and mental defective is not clear. It is thought that many parents, whose children function with an IQ range of 68 - 75 think it sounds better if their children are classified as brain-injured.

Articulation among those departments within the Board of Education offering service to the handicapped was suggested for the purpose of establishing groups at local district levels which would meet to increase parent understanding of the various kinds of handicaps and of the provisions made by the Board of Education for the education of children with these handicaps.

A further function of parent groups might be to assist parents in handling the feelings which arise when the nature of the handicap of one's own child is explained. If the parent is unable to emotionally accept all the implications of the recommendations for school placement because of his difficulties with

his own feelings, it may often mitigate against the optimum adjustment of the child in the special class placement. Further it has been a field finding that children are often in limbo if the parent does not accept the referral and keeps the child at home or continues to send him to a school where there is no special facility for him.

In addition to the establishment of parental groups at district levels for dissemination of information on the handicapped and for handling feelings about one's own handicapped children, a suggestion was made that school mental health units be increased so as to extend individual treatment services in those situations where it is required.

The difficulties experienced by a child who returns to the mainstream of education from rehabilitative situations were also mentioned. It was felt that the mainstream teachers who receive these children would need guidance and in some cases interpretation of clinical findings. In many if not most of these situations the treatment services of mental health specialists might be needed by the children and their parents either on an individual or group basis as an aid to the child's adjustment and ability to sustain himself in the mainstream of education.

The evaluator interviewed the Directors of programs in the Division of Special Education and Pupil Personnel Services and visited classes where children were placed on the basis of recommendations made by Evaluation and Placement Units and the information obtained from these interviews and visits is summarized above.

The evaluator visited four of the original borough Evaluation and Placement Centers and a preplacement facility by appointment. Center Directors and individual workers were interviewed. There was observation of small groups of children who were working with teachers who were diagnostic specialists. Observation of center facilities, including waiting rooms where the parents sat was made and the evaluator observed case conferences and looked at center records. The overall

impression was that staff were positively involved with the program but that in some instances there might need to be more familiarity with the classroom setting to which the child would be referred so that the reports done by the professional staff could be more easily interpreted at the classroom level.

It also appeared that the preplacement facilities were excellent in their ability to motivate children and keep an atmosphere of positive involvement. However, one wonders if there is a tendency for children to remain in the preplacement center as though it is indeed another permanent placement resource. A variety of factors could contribute to this; one of the primary ones could be an inadequate number of permanent facilities of whatever type was needed by the individual child. A sample report done by an Evaluation and Placement Unit appears in Appendix III.

The role of the Bureau of Attendance in facilitating the work of the Evaluation and Placement Units was also studied. A follow-up report of an attendance teacher will be found in Appendix IV.

SUMMARY

Special education in individualizing instruction for students whose disabilities prevent them from using their potential to its fullest, requires psychological and educational assessment on an individual basis. The Board of Education has provided special education and the necessary assessment for over 50 years. More recently, assessment and treatment have been the perogative of a psychiatric clinic known as the Bureau of Child Guidance, which offered ental health service to all school age children. The establishment of the Evaluation and Placement Units separates assessment for the purpose of special education from other mental health services. Geographic dispersement enhances convenience for parents and children but garners a centralized expertise and knowledge of the resources available for the education of children whose problems require flexibility and exquisite differentiation within the educational offerings. This is required by the trends towards the integration of children with different kinds of handicaps within the same facility, rehabilitation of them for reintegration within the mainstream of education. Also facilitated is a central registry of the handicapped to identify unmet needs and avoid the risk of a child "getting lost" in the sense that he remains unplaced while a vacancy is not filled.

The Evaluation and Placement Program, initially funded in 1971 under Title I of the Elementary and Secondary Education Act of 1965 was financed by tax levy funds for the first time in fiscal 1974 which is the year under study in this evaluation. A unit was in operation in each of the 5 New York City boroughs in September, 1973 and by the spring of 1974 a second unit opened in each borough.

Referrals are accepted from agencies, hospitals and schools both public and non-public. The units are staffed with specialists in mental health, neurology, pediatrics and teachers who are specially trained in learning disabilities. Each child who is seen participates in a screening process which

takes 2 - 3 days and includes educational evaluation in both individual and group settings in order to arrive at a placement recommendation during subsequent staff conference.

The present study surveyed the centers to determine the numbers of children processed, the speed of the service, the appropriateness of the recommendations and the interrelationships of the units with other departments within the Division of Special Education and Pupil Personnel Services.

According to the official figures given in the monthly statistical summary reports to the Executive Director of the Division of Special Education and Pupil Services, the Evaluation and Placement Units examined 3520 children in the period from September 1973 through June 1974. The difference between the process of examination and actual case closing probably accounts for the reports of fewer cases given the evaluator by the units who reported only cases for which recommendations had been made. The Bureau of Child Guidance randomly selected a sample of the total population given the evaluator by each unit; 51% of the children sampled by the Bureau of Child Guidance were also known to them. There was no determination made of how extensive the Bureau of Child Guidance Services have been to these children. However, during the fiscal year, the Evaluation and Placement Units required a diagnostic workup prior to their own assessment of the child which would indicate eligibility for special education; possibly the Bureau of Child Guidance did many of these. The Bureau itself referred 24% (860) of the official total of Evaluation and Placement cases for September through June 1973/74.

In that year the Evaluation and Placement Units recommended placements in 22 categories. Thirty nine percent of their recommendations were for classes for the brain injured; this resulted in tremendous expansion in the number of these classes which are supervised by the Bureau for the Education of the Physically Handicapped. In all 5 boroughs there were long waiting lists for even more of these classes to be established. Waiting lists were also long

for facilities for the emotionally handicapped and the moderately language and hearing impaired. In the Bronx, Brooklyn and Queens waiting lists numbered more than 10 for facilities for children with retarded mental development.

Accompanying expansion of some facilities, and the creation of new types, there was a diminution of services to the homebound made possible by the increase in other facilities, as well as ramps and hydraulic lift buses.

Twenty eight children were randomly sampled from the total population of names given the evaluator by each of the original borough centers for the operational year September 10, 1973 through June 30, 1974. The sample roughly compared with the total population on known characteristics of that population. Boys referred outnumbered girls were older at the time of referral, and had learning or behavior problems as a basis rather than the problem of initial placement which characterized referral of girls.

Parent response to letters sent by the evaluator was good; 21 out of 28 were interviewed. Twelve commented favorably and 3 of the 4 who commented unfavorably went through a reevaluation process. The responses given the evaluator by them and by the parents who had mixed feelings about E & P suggested a need for intensive follow-up case work service.

An attempt to communicate with the schools in which the children of the 7 non-respondent parents had been placed resulted in a reply from 3, all of whom reported that the placement of the child was appropriate.

Prior to placement, 18 children had attended public schools, 4 non-public schools and 6 had been non-attending. At least 12 of the sampled parents waited less than 4 months before the child was seen and more than half of the respondents found their children in a new educational setting within 3 months from the time of being seen at an Evaluation and Placement Unit. In cases where there was a long wait, such as over a year, the recommended placement

was in scarce supply (a special class for the hearing and speech impaired child). The placements recommended for the sample group roughly paralleled those recommended for the total population in proportion and in most cases were implemented.

Interviews with those involved in special education and pupil personnel services, whose work intertwines with the work of the Evaluation and Placement Units and field visits found agreement that the Evaluation and Placement centers have provided valuable service in alleviating the distress of parents and children who would otherwise face a long wait for the evaluation required as a basis for the recommendation needed for special class placement; however, suitability of these placements requires intimate knowledge of the impact of the personalities of the other children in the class upon each other and upon the entering student. The educational prescription written by the Evaluation and Placement Units is sometimes not available to the individual classroom teacher and often technical rather than pragmatic in its language. The rapid increase in numbers of these classes suggests the need for a catching up period in which heretofore non-specialized teachers can utilize the bulletin on curriculum for brain injured children, as well as other in-service training resources. The use of guidance counselors to assist teachers in understanding the learning prescriptions given by the Evaluation and Placement Units and to help parents understand and accept the handicaps of their children was suggested. A further suggestion was the use of mental health specialists to work with parents as individuals and in groups as well as for the extension of individual treatment services where the child's adjustment so requires. Mental health and guidance services were suggested as an aid in the return of rehabilitated children to the mainstream of education.

The evaluator in visiting the Evaluation and Placement Centers found positive staff involvement and some instances where further familiarity with the classroom setting to which children would be referred would enhance the

interpretability of reports in educational prescriptions.

Keen professional spirit was also observed in the facilities for preplacement but one wonders if there is a tendency for children to remain in the preplacement center beyond the period needed for diagnosis because of the inadequate number of permanent facilities to absorb particular children.

The Bureau of Attendance was observed in facilitating the overall work of the Evaluation and Placement Units.

RECOMMENDATIONS

1. Continue the Evaluation and Placement Units as a function of the Central Board of Education. However, the direct services to children should be localized as much as possible to increase their availability and decrease the number of broken appointments.
2. Each Evaluation and Placement Unit should have an active follow-up component. A routine check should be made at a given time interval to see if the recommendation made by the unit for the placement of the child was implemented and if the placement is the optimum one for that child.
3. Establish an active liaison relationship with the Bureau of Child Guidance at local levels. The main function of this would be to see that those children and their family units who require mental hygiene services treatment or whose parents require counseling on a continuing basis are able to receive these services which are offered by the Bureau of Child Guidance to all the children in the school system whether they be in regular classes or in a class sponsored by special education.

   A second function would be the referral of children by the Bureau of Child Guidance to Evaluation and Placement when partial or total relief from the child's problems might be afforded through the services of special education.
4. Modify the requirement that a psychological examination be done before Evaluation and Placement sees the individual child.
5. Establish a workshop and/or committee composed of representatives from the various classrooms where the reports of the Evaluation and Placement Units are received, as well as representatives of the personnel who write these reports. It should be the task of this workshop and/or committee to determine ways to have the reports understood and implemented by the classroom and/or itinerant teachers who are to work with the individual child.

6. Develop uniformity in forms to be used for a)referral of children to the Evaluation and Placement Units and b) case summaries after evaluation. If possible, these should be suitable for adaptation to punch cards.
7. Establish a research unit, perhaps in cooperation with the Bureau of Child Guidance to determine optimum lengths of exposure to special education, as well as combinations of various kinds of handicap in any given classroom or facility which are possible and of greatest benefit to each of the handicapped children in a given classroom or facility.
. Expand the preplacement units, especially in view of the fact that all classification of children for special education is to be the responsibility of the Evaluation and Placement Units.

These preplacement classes should play a greater role in determining the appropriateness of special education for the child.

Children may be recommended for special education and out-grow the need for it. Thus, an increase in the flexibility of the preplacement services would provide for observation of children who are already in a special education class so as to determine whether the child should continue in that kind of class, that particular class, or can return to a regular class with the services of an itinerant teacher or is no longer in need of any special education. The preplacement classes should serve as temporary settings with a time-limit on the stay of an individual child.

A committee of representatives of departments with DSEPPS should compose a policy to govern this length of time.

APPENDIX I

SAMPLE LETTER TO PARENTS

BOARD OF EDUCATION OF THE CITY OF NEW YORK
OFFICE OF EDUCATIONAL EVALUATION
110 LIVINGSTON STREET, BROOKLYN, N. Y. 11201

ANTHONY J. POLEMENI, PH.D.
DIRECTOR

Dear Parent:

It is my task to evaluate the effectiveness of the Evaluation and Placement Centers. (child's name) was seen at one. Your name has been selected from among those furnished to me by the Director of the program, as I would like to talk with you about how (child's name) is progressing.

Please use the enclosed self-addressed stamped postcard to let me know the best way I can reach you so that we can figure out where and when we can get together. It is possible for me to visit you at (child's name) school.

Thank you for your cooperation.

Sincerely yours

Kathleen Lolis

Kathleen Lolis, Ph.D.
School Research Psychologist

KL:mr

APPROVED: Anthony J. Polemeni

Anthony J. Polemeni
Director

APPENDIX II

INTERVIEW RESPONSES FROM PARENTS OF RANDOMLY SELECTED CHILDREN SEEN AT EVALUATION AND PLACEMENT UNITS, SEPTEMBER 1973 - JUNE 1974

INTERVIEW RESPONSES FROM PARENTS OF RANDOMLY SELECTED CHILDREN SEEN AT EVALUATION AND PLACEMENT UNITS, SEPTEMBER 1973 - JUNE 1974

Child	Age When Seen	Referred by	Reason for Referral	Original Placement	Time of Wait: From Referral til Seen	Time of Wait: From Seen til Placement	Comment	Placement Recommended	Actual Evaluation Disposition	Re-evaluation	Parent Comment
1. Boy	6	Agency	Find school	Private nursery	4 mos.	Short	Follow-up needed. School says not having problem.	SHLIC[1]	SHLIC	Requested by SHLIC. Pending.	Child improved where placed. Primarily emotional problem but fits no existing class for E.H.[2] EPU sincere, make you feel comfortable. Avoid threat to you or child. They don't review record.
2. Girl	7	Family	Brain-damaged	Non-attending	"Short"	*	* State aid; parent found placement.	HC 30[3] or Moderate Learning Impaired Classes	Private school. State aid. Parents found the placement.	No	Private school excellent; classes small. Mother did the leg work. Father: "If I were not a professional person, child would be institutional."
3. Boy	15	Family friend	Not learning	P.S.	"Short"	"Short"		BI-OTC[4]	BI-OTC	No	Parent confused. Appears to need casework services. Thinks school has rough boys and wants to move to suburb.
4. Boy	7	P.S.	Speech evaluation	P.S.	Short	**	**Father would not accept placement.	Pre-placement	Re-evaluation and CRMD recommended and accepted.	Yes. Requested by Bur. of Attend.	Parent not available. Information from interpreter who said all "O.K."
5. Boy	8	Bx. Eval. & Place.	Parents moved after Bronx pre-placement was recommended.	Non-attending	Parents did not bring child.	Not placed by E & P.	Child seen at Hosp. which, with no contact with E & P arranged placement at institution.	Never seen at Man. E & P.	Institutionalized	This would have been a re-eval. by Manhattan.	By telephone, through interpreter: boy was trouble at home and they are better off.
6. Boy	10	P.S.	Not given.	P.S.	Not given	Not given		HC 30	HC 30	No	No reply from parent. Check with school: "appropriate placement."

1. SHLIC: School for Hearing & Language Impaired
2. EH: Emotionally Handicapped
3. HC 30: Classes for the Brain Injured
4. BI-OTC: Occupational Training Program for Brain Injured
5. NIEH: Neurologically Impaired, Emotionally Handicapped
6. CRMD: Class for Children with Retarded Mental Development

7. Boy	10	BCG	Dyslexia	I.S. 6th gr.	5 mos.	2 mos.	A check with guidance clsr. at current school placement: "will be referred for 2nd eval."	HC 30	HC 30	Yes. Child now back in original sch. in spec. class with special Speech tutor 2 x a week.	My son should be in a special class, but not this one. The children are off the wall - uncontrollable, hyperactive.
8. Boy	7 yrs. 9 mos.	School Guidance counselor BCG	Evaluate for school placement. Nervous and slow to understand.	2nd gr.	9 mos.	1 month	Correspondence with parent in Spanish.	SLHIC	SLHIC	No	Boy likes school and it is the right class for him.
9. Boy	8 yrs. 7 mos.	Hospital Clinic	Evaluate for school placement	P.S.	12 mos.	4 mos.	Parent used an interpreter in tel. interview.	NIEH[5]	NIEH	No	Parent satisfied with school placement; had broken many appointments before seen at E & P.
10. Boy	13	BCG	Learning problem	P.S.	4 mos.	May - Sept.		HC 30	HC 30	No	Parents did not reply.
11. Boy	11	Clinic	Poor school adjustment	P.S.	6 mos.	1 week		Pre-placement	Pre-placement	No	Parents did not reply.
12. Girl	10½	BCG	Evaluate for school placement	P.S.	8 mos.	0		Remain in regular class	Remain in regular class	No	Parents did not reply.
13. Boy	11	Catholic Archdiocese	Behavior	CRMD parochial school	3 weeks	0		Remain CRMD	Unknown	Not at E & P	Parents did not reply nor did school.
14. Girl	5	Hospital	Find a school placement	Non-attending	3 mos.	1 mon.		SHLIC	SHLIC	No	No response to query.
15. Girl	4 yrs. 7 mos.	Hospital clinic	Language handicap; immature	Non-attending	2 mos.	1 month		SHLIC	SHLIC	No	She understands us better; likes school.
16. Girl	5	Guidance Counselor	Language Handicap	P.S.	6 mos.	1 year	Also seen at Hospital; their report was sent to E & P.	Class for Hearing & Speech Impaired	Class for Hearing & Speech Impaired in a public school in the Dist.	No	A long waiting list for the class. We waited a long time. A bus takes her now.
17. Boy	8½	Guidance Counselor	Not learning; behavior problem	P.S.	"Some time" - (Mother)	Placed "in September" 6 mos after he was seen.		CRMD	CRMD	No	He's doing all right. If it's the right class for him now - and it seems to be - is the best thing for him.

8. Girl	6	Hospital	Speech and motor handicap & short atten. span	Non-attending	2 mos.	"almost none"		HC 30 Early Childhood	HC 30 Early Childhood	No	Father would like her to learn Jewish songs. States child is happy in school. Recommends E & P routinely have a follow-up inquiry of parents.
9. Boy	6½	Agency for foster home placement	Behavior	Non-attending	1 month	6 weeks	Information given by agency	EH class	EH class	No	Child in foster home placement. Service fine. Child doing well. Agency would like report.
10. Boy	9½	Speech teacher	Hearing loss emotional problem	4th gr. P.S.	3 mos.	1 year	Mother refused initial recommendation	HC 30	Regular class with itinerant B.I. teacher who sees chld 2 hrs./week.	No	The mother thinks her son is very smart and very good but is dissatisfied with E & P recommendations. A check with school: seen by BCG & mother does not admit emo. prob. Follow-up is needed.
11. Boy	12	Guidance Counselor	Emotional problem	5th gr. P.S.	1½ yrs.	6 mos.	Child a problem in first rec. placement	Reg. class	Now in reg. class with itin. teacher & school wants another re-evaluation	Yes. First change to Drug Prev. Program. 2. HC 30 rec. & Mother refused.	Mother dissatisfied with all recommended placements. The present school referred to BCG and awaits follow-up.
12. Girl	8	Guidance Counselor	Language	3rd gr. P.S.	Several months	1 year	Child's teacher states she is good; child happy in school	Mod. lang. impaired	As recommended	No	Parent pleased. School (Asst. Prin.) states placement is appropriate.
13. Girl	10	Guidance Counselor	Learning problem	P.S.	"Speedy - a month"	"Soon"	Mother would like to talk to someone about other problems with child at home.	HC 30	HC 30	No	"She's trying" and "I guess it is the right place for her."
14. Boy	13	Mental Health Clinic	Learning problem	P.S.	Short	Short	School sees as conduct problem. Re-eval. requested & boy returned to regular class. Has to be seen individually. Hits others; etc. Academically retarded.	HC 30	HC 30	Yes. New recommendation: ½ day Mainstream & ½ day HC 30.	"Perfectly normal 13 yr. old except for poor reading & school work habits. He's now back in reg. class ½ day & special class ½ day. He takes it very hard; says the other children are mental; he's not a well boy. E & P O.K. Boro Mental Health Clinic too slow to see you. I couldn't praise son's P.S. teachers more; I highly recommend them."
15. Boy	12	Parent	School [illegible] needed	Private	Unknown	Unknown		Multi- [illegible]	Multi- [illegible]		No reply from parent.

26. Boy	7	Mental Health Clinic	Not learning	P.S.	8 mos.	short		HC 30	HC 30	No	Had to see a psychologist at a clinic & at E & P. How much can you put a child through? Had to wait a long time for E & P. If a child is having a problem I can't see why you have to wait so long. Most in his class have emotional problems & he's not a discipline problem.
27. Girl	7	P.S.	Placement	P.S.	"Had tests in summer - a few months after referral when she was 7."	"Left her" in same class	Child's learning patterns uneven & she is within low average range on intelligence tests.	Regular class with itinerant teacher of the brain injured	Same	This was a re-evaluation.	The hospital clinic report where I had to take her made me feel better; they said the brain wave test was negative & that her learning was O.K. It's just a little immaturity. (Much family conflict which could be affecting child.)*
28. Girl **	9	P.S. Guidance Counselor	Not functioning at her level	Parochial School	Several weeks	Short	Parent thought through E & P she could get funds for private school.	Regular class	Same	No	My child has a minimal brain dysfunction - takes Ritalin. E & P confirmed what I knew anyway. She is 10 now.

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* Evaluator's comments.
** A check with school revealed that child adjusts well, gets along with other children and achieves to capacity (4th grade level).

APPENDIX III

SAMPLE REPORT DONE BY AN EVALUATION AND PLACEMENT UNIT

NAME: Lad EXAMINATION DATES:

*D.O.B.: C.A.: 11-7 *EXAMINER:

GROUP EDUCATIONAL EVALUATION

I. CLASSROOM BEHAVIOR AND SOCIAL INTERACTION:

Lad was a rather anxious and tense youngster who had much difficulty relating to the other children in the group. He tended to stay to himself and actively withdrew from most group activities. He was intimidated by many gross motor tasks and either refused to do them or quickly gave up and became very angry and frustrated. In other areas, i.e.c. academic, Lad worked cooperatively and with much sticktuitiveness.

II. ACADEMIC SKILLS:

A. Reading: Lad knew the correct sound associations for all phonic elemer s. He read 5th and 6th grade material in a somewhat choppy manner. However, his word attack and decoding skills were quite good. His comprehension for story line and important detail was at the 4.3 level. - 1-2 years below the graded difficulty of the passage.

B. Arithmetic: Lad worked quickly and accurately in this area. He accurately computed all addition and subtraction examples attempted and understood the use of exchange within these processes. He showed a basic understanding of multiplication and division but did not attempt to do more complex (3-4 place) examples.

C. Writing: Both printing and cursive writing were neat and legible.

D. Spelling: Spelling at the 6.5 level.

E. Other: Lad showed some deficit in short term auditory sequential memory. However, his visual memory appeared to be intact. He refused to do any "left-right" exercises or carry out any cross lateral commands.

III. MOTOR AND VISUAL MOTOR SKILLS:

A. Gross Motor: Lad walked well forwards, backwards and sideways on t balance beam. Hopping was good. He did not know how to skip and from this point on, refused to do any other exercises in this area.

B. Fine Motor: A quick and careless approach interfered with fine-motor ability in a game of "pick-up-sticks."

C. Visual Motor: No evidence of any visuo-motor problems.

IV. LANGUAGE AND SPEECH:

Lad spoke in full well constructed sentences. His expressive vocabulary was comprehensive. His oral comprehension was fair as he had some difficulty answering questions about a story read aloud.

V. RECOMMENDATIONS:

Lad's academics are at or slightly below grade level. He would probably benefit from extra help in math. - i.e.: with complex multiplication and division and strengthening concepts. Perhaps the teaching resource cente would be helpful here. More important than slight academic or perceptual deficits are emotional factors. Lad is a very anxious youngster who actively withdrew from most group activities. He would benefit from a therapeutic relationship and can remain in his regular class.

*Specific information is witheld to protect the anonymity of the child and the boy has been given a fictitious name.

Evaluation and Placement Unit
Board of Education of the City of New York

NAME. Lad

Lad can perform the mechanical skills necessary for basic addition, subtraction, multiplication and division. He can utilize exchange in addition but is unsure of this process in subtraction problems involving zero. He can perform complex multiplication but is unsure of short division. Fraction concepts should be reviewed in conjunction with teaching computation skills.

c. Spelling
Task: Wrat Spelling 5.5

Lad's spelling ability scores close to grade expectancy. No consisten pattern of test errors was noted.

RECOMMENDATION:

Lad is an 11-8 year old boy who is presently in a regular grade classroom.

Lad joined the evaluator easily and was easily engaged in conversati He seemed to be somewhat anxious about the testing. Affect seems to be slightly depressed. Lad rarely smiled and seemed to take very little enjoyment in his many successes. On most tasks Lad worked very hard evidencing good concentration and motivation. However, at other times when Lad perceived a task as too difficult he would quickly give up saying he was unable to do it and refus to continue.

Despite the mild perceptual difficulty which Lad experiences, he is performing in the academic areas close to grade expectancy. A poor self image reflected in a rather depressed affect may be hampering this child's ability to perform.

Lad would benefit from some tutoring in the area of math. The anxiety and possibly depression he experiences can be aided through a counseling relationship. Lad should remain in his present class setting.

Evaluation and Placement Unit
Board [illegible] New York

NAME: Lad

I. _____
Task. Wepman Test of Auditory Discrimination

Lad is a bi-lingual youngster who speaks both French and English at home. Within the evaluation Lad spoke in full sentences using a good expressive vocabulary. On the Wepman Test, Lad evidences some mild auditory discrimination deficits. However, on a second trial at the end of the test he was able to correct his errors. This difficulty may be due to attentional factors. Lad also experiences some difficulty in defining words. This may relate to lack of experience with these words in conversation and the bilingual home background. The development of dictionary skills, may help to improve vocabulary understanding. Lad also experiences some minor difficulty in translating sequences of sounds to symbols.

II. VISUAL AND VISUAL MOTOR:

Task: Hiskey Nebraska Test of Learning Aptitude
Block Patterns 9-0
Spatial Reasoning 11-6
Benton Test of Visual Retention (Memory Test low average)
Raven's Progressive Matrices 25%
Purdue Pegboard (at mean)

Lad evidences some difficulty in the visual motor integrative areas. On the Purdue Pegboard, Lad's motor ability score is within the range of average expectancy. Writing and the copying of geometric form from the Benton are adequate. On the Hiskey subtest of spatial reasoning Lad showed understanding of spatial orientation. However, his primary deficit seems to be in the area of visual motor integration. On the Block Pattern subtest Lad scored well below expectancy. He had great difficulty in analyzing the design and matching the pattern with the blocks. He worked very slowly on this task using a trial and error approach which did not prove successful. Thus, despite the Lad's good visual skills and motor skills he had difficulty integrating these two components.

On the Benton Test of memory Lad showed low average ability to retain visual images and reproducing these designs.

III. ACADEMIC SKILLS:

a. Reading:

Task: Wrat - Reading 5.1 Gray Oral Reading 6.0

Lad's word decoding ability score at the 5.1 grade level. He utilizes good word attack skills when attacking unfamiliar words except for vowel sounds which remain unstable. He does experience some difficulty in defining some of the upper level words which he is able to decode. On the Gray Oral Reading Test, Lad evidenced good consecutive reading skills. He read at a good rate of speed with fairly good inflection and attention to punctuation. Some mild comprehension difficulty was noted in attention to story detail although Lad did get the main idea of the story. Instructional level may be attempted at the middle fifth grade level depending on Lad's ability to comprehend the material.

b. Arithmetic

Task: WRAT - Arithmetic 4.5

Evaluation and Placement Ctr.
Board of Education City New York

EDUCATIONAL ANALYSIS OUTLINE

NAME: Lad EXAMINATION DATE: *

D.O.B.: * C.A.: 11-8 EXAMINER: *

AREA	REMEDIATION NEEDED	STRENGTHS
I. Auditory-Vocal and Communication	Lad would benefit from activities to improve his understanding of words. Dictionary skills should be taught. Lad should be encouraged to use these new words both in writing and in speaking	Lad is a bi-lingual French and English youngster. Expressive skills in English are quite good.
II. Visual and Visual Motor	Lad appears to evidence some difficulty in integrating Visual and motor ability.	Motor ability appears to be adequate. Receptive understanding of spatial relations is good.
III. Curriculum: Reading	Lad experiences some difficulty in comprehension of story detail. Lad should learn to read for story detail. Activities to improve vowel association should be attempted.	Oral consecutive reading skills are quite good. Word decoding skills are good except for vowel associations.
Arithmetic	Lad needs to learn to apply exchange to subtraction with zero. Fraction skills are unstable as is short division ability.	Lad can perform tasks involving basic addition subtraction, multiplication and division. Word problems should be used to help Lad learn to apply these skills to practical situations.

APPENDIX IV

FOLLOW-UP REPORT OF AN "E & P" ATTENDANCE TEACHER

EVALUATION AND PLACEMENT UNIT

FOLLOW UP REPORT

By: Attendance Teacher

*Name: John Smith
Age 11-1/2

6/13/74

Visited home at Center Coordinator's request to discuss placement for September as boy is not benefiting or adjusting to BI/EH program at PS. Waited 1 hour and left note with boy next door to give to Mrs. Smith

6/17/74

Visited home and discussed alternatives with mother. Her first choice is EH class, 2nd choice, Children's hospital, 3rd choice 4407. If these fail mother would like residential placement. Mother signed release form.

9/9/74

Mother called. Boy stayed out all night many times during the summer. He talked about drinking and dope parties. The mother feels boy needs residential placement and she is seeking our assistance as she no longer has control over him. Discussed case with Center Coordinator and after reviewing record she felt boy may benefit from the program at Children's Village. We called Admissions Director at Children's Village in Dobbs Ferry 914-OW 3-0600. They requested all materials on boy and copies should go to agency which must approve placement of boy if he is accepted. Letter with all tests sent to Childrens Village and agency worker. New psychological scheduled for 9/19 will also be sent.

9/19/74

Psychological done by E & P recommends residential treatment and in the interim placement in a school which will meet boy's emotional problems.

9/23/74

Center Coordinator and Psychologist completed application for 600 school. Contacted 600 school and they do have a vacancy. Guidance advised us of procedure for new admission.

9/23/74

Visited Supt. office, Guidance Coordinator re: application to PS.
Visited home and discussed referral to Children's Village and interim placement at PS. Mother was very interested as she is afraid boy may get into serious trouble at home. Boy was not at home. Went to PS and saw guidance counselor. Picked up boys records but they will continue to mark boy absent until records are officially requested by PS.

9/25/74

Letter to Don Eisenberg, office of Special Ed., and application for School for Socially Maladjusted Children sent to Brooklyn. Call from protective case unit. They are handling boy's case for placement at Childrens Village.

9/27/74

Call from Children's Village. They would like to interview mother and boy. Called BCW and they had no one to take family to Dobb's Ferry as all workers were busy on that date. Spoke to E & P coordinator re: my escorting parents. Called Dr. Rosenshein re: my escorting parents out of city. He approved same. Called mother and she will have boy ready at 9:00 on 9/30.

9/30/74

Picked boy and mother up at 9:00 and arrived at Dobbs Ferry at 10:00 am. Boy was interviewed and tested and we toured the facilities. We had lunch and more testing was done. We left Dobbs Ferry at 3:00 and arrived at mother's home at 4:00. The entire staff felt boy would benefit from their program. John wanted to remain at C.V. He likes all the programs, facilities and especially the cottages. We explained to John that he would be placed on a waiting list and that in the meantime we were referring him to a 600 school, until he goes to Children's Village. He was thrilled at the thoughts of eventually going to Children's Village.

10/4

Call from Guidance Counselor at PS. He received the completed approved application from Mr. Blank's office. We informed him that we have boy's cumulative records and we will hand deliver them today. Took records to PS. Guidance Counselor gave us a receipt for cumulative record which is filed in folder. An appointment with boy and mother has been set up for next week. He is positive that boy will be accepted at the 600 school.

10/10/74

Admitted to 600 School on 10/10/74 class 6-102.

11/15/74

Visited BCW. They are awaiting mothers signature. We called mother from BCW re: importance of signing forms for placement in a residential school. She will visit BCW office on 11/19/74 and sign forms.

11/20/74

Call from Supervisor at BCW. Mother did not show on 11/19 to sign forms.

11/21

Called neighbor and left message for mother to contact us.

11/25

Called neighbor and left message for mother.

12/3

Visited home and again tried to impress upon mother the importance of going to BCW to sign forms as Children's Village is awaiting John. She will go to BCW on 12/4. Mother stated she did not receive message from neighbor.

12/5/74

Call from BCW. Mother signed forms. Call from Children's Village. They are expecting John on 12/10/74 at 1:00 pm. We informed her that we will notify mother.

12/6

Visited mother in the p.m. and informed her that boy will be admitted to Children's Village on 12/10/74 at 1:00. She will get a friend to drive them to Dobbs Ferry. John is anxiously awaiting admission. Mother will call E & P when she returns from Dobbs Ferry on 12/10/74.

12/9/74

Call from Director of Admissions at Children's Village. We informed her that mother and boy will arrive at C.V. on 12/10/74 at 1:00 pm.

12/11

Mrs. Blank from Children's Village left message that John nor mother showed on 12/10/74. BCW notified by Children's Village. They will hold a space for him until 12/20/74.

12/11

Call to supervisor. We asked that we visit mother to ascertain why she did not take John to Children's Village on 12/10. The BCW worker does not have a good relationship with the mother and she refuses to admit him to her home.

12/12

Visited home and discussed at length with mother the importance of John going to C.V. She stated that he had changed his mind and does not want to go. We discussed her responsibility as a parent in planning John's future. She will let us know when she can take him. We informed her that they will hold a space for him until 12/20/74 at C.V.

12/16

Mother left message at E & P that she and father were on their way to Children's Village with John.

12/17

Call from mother. They took boy but father wanted boy home for Christmas. The director agreed that they will hold a space for John and will expect him on 1/2/75. Mother will call us on 1/2/75.

12/18

Called Children's Village and verified the above. They are expecting boy on January 2, 1975.

1/3/75

alled mother-left message for her to contact us.

1/7/75

No contact with mother.

1/8/75

Called Guidance Counselor at 600 School. Boy has been absent since 1/2/75.

1/9/75

Called Children's Village. Spoke to Secretary. John was admitted on 1/2/75 and is in George Washington Cottage. His temporary social worker is Mrs. Blank. Boy is adjusting well. Advised them to notify 600 School of admission so that boy can be discharged from N.Y.C. schools.

1/10/75

Case closed - Boy admitted to Children's Village 1/2/75.